Q1

Q5

Question: RFP vs. RFSQ
Please explain how this RFP differs from the RFSQ that CalMHSA released on November 7, 2022 for Credentialing and Re-Credentialing Services for California County Mental Health Plans and Drug Medi-Cal Plans.

Answer: CaIMHSA opted to issue an RFP to allow for a more robust question set and application response than was possible under the RFSQ.

Question: Purpose of RFP
Why has this RFP been released at this time?
Answer: CaIMHSA's member counties have requested that CaIMHSA seek a centralized solution to the Credentialing/Re-Credentialing requirement that County Behavioral Health Plans can opt into if they choose.

Question: Current Staffing
If there is a current Contractor, how many staff are currently providing services?

Answer: CaIMHSA is currently not contracting with any CVO or other provider for this service.

Please provide an estimated number of providers (the table provided on page 7 indicates that it is a hypothetical scenario). Would CaIMHSA please provide a breakdown by provider type.

Answer: Breakdowns by provider type are not available since this will be contingent upon how many and which counties opt into this service. The hypothetical scenario reflects a small/medium-sized California county.

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Question: Start Date
Please provide estimated dates for contract award, implementation start, and go-live.

Answer: Although CalMHSA has not established a firm timeline, for the purposes of this RFP, assume that implementation and go-live will commence in Quarters Three and Four of CY2023.

Would CaIMHSA please increase the page limit to 30 pages so that bidders can provide more complete information that will assist with an evaluation?

Answer: CalMHSA is unable to increase the page limit at this time. Note that a number of the questions allow for responses in excess of the 20-page limit.

Question: Scoring Criteria
What are the scoring criteria that the evaluation panel will use? For example, will a certain number of points be assigned to price, technology, experience, etc.?

Answer: The evaluation panel will be assigning points using a predetermined scale to each response to determine which vendor is best able to deliver the scope of work for the counties.

Question: Redacted Proposal
May bidders also provide a redacted proposal with confidential information removed that can be distributed in the event of a Freedom of Information 03/23/2023
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representatives, consultants, Directors, or Officers be liable to a responding party for the intentional or inadvertent disclosure of all or a portion of a proposal submitted under this RFP, regardless of whether it was marked as confidential or trade secret. Further, although the California Public Records Act (PRA) allows certain confidential or trade secret information to be protected from disclosure, CalMHSA may not be in a position to establish that the information submitted is protected.

Question: Number of Providers
How many providers in total will this RFP cover?

Answer: The number of providers is not available since this will be contingent upon how many and which counties opt into this service. The hypothetical scenario reflects a small/medium-sized California county.

Answer: Provider credentialing and re-credentialing regulations apply similarly to all County Behavioral Health Plans and while there may be a need for slight variations in the actual process, the goal is a relatively uniform process for all participating County Behavioral Health Plans.
Answer: CalMHSA partners with all the County Behavioral Health Plans in California and they all have the option to participate in the services sought under this RFP.

Do those County Plans that directly partner with CalMHSA credentialing and re-credentialing policies require different work efforts from the CVO or will they all be consistent?

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How many new providers are expected each year?
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Answer: CalMHSA cannot provide the total number of new providers expected every year for each County Behavioral Health Plan, as that number is contingent upon how many, and which counties opt into this service.

Question: Recredentialing files
How many recredentialing files are expected each year in a three-year period?

Answer: CalMHSA cannot provide how many recredentialing files are expected each year in a three-year period, as that number is contingent upon how many, and which counties opt into this service.

## Question: Re-credentialing Process

How far in advance do you begin the re-credentialing process?

Answer: CalMHSA expects the re-credentialing of providers to start as soon as needed by the CVO for the 3-year re-credentialing requirement to be met at all times for all County Behavioral Health Plan providers. The CVO will need to consider its own process to determine how far in advance the re-credentialing process needs to begin.

Question: Peer References
Does CalMHSA require peer references, and if so how many?

Answer: DHCS's providers credentialing and re-credentialing requirements do not stipulate the need for peer references for County Behavioral Health Plan providers. The requirements are found on the DHCS website in the following Information Notices: MHSUDS 18-019 and BHIN 22-070. Consequently, CalMHSA does not require peer references as part of the credentialing and re-credentialing of providers.

Question: Current Credentialing Process
How is the credentialing process being handled now, in-house? Outsourced?

Answer: CalMHSA is currently not contracting with any CVO for provider credentialing and re-credentialing services. County Behavioral Health Plans differ on how they are currently credentialing and re-credentialing their network providers and their process includes both in-house and delegated credentialing and re-credentialing services.

Question: Medical Loss Run
How many years of a medical loss run does CalMHSA require?

Answer: If this requirement is triggered, please provide the medical loss run from 2018 - present. As per the Credentialing and Re-Credentialing for California County Behavioral Health Plans RFP, if there are current claims

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against the Respondent in excess of $\$ 10,000$ within the last five (5) years, Respondent must disclose claims information as part of their response submittal. If Respondent has no claims in the last five (5) years, that information must be clearly indicated in the proposal.

Q19

Q20

Q21

Question: delineation of privileges or scope of practice documents Wil CaIMHSA require the collection of delineation of privileges or scope of practice documents as part of this work?

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PDT

Answer: CaIMHSA does not expect the CVO to collect delineation of privileges or scope of practice documents for providers unless that is a required activity for credentialing verification.

Question: Section 2, part F
Section 2, part F - states that a primary source must be utilized to verify continuing education requirements. Does CaLMHSA consider a certificate a primary source or do you require some other method?

Answer: As per DHCS's MHSUDS 18-019, a "primary source refers to an entity, such as a state licensing agency, with legal responsibility for originating a document and ensuring the accuracy of the document's information". This definition applies to continuing education requirements verification. Hence, the CVO must have other methods of verifying via primary source continuing education requirements for providers, besides a school certificate. At the same time, there may be instances when a school certificate may be the only way to verify continuing education for a provider, such in cases where an educational institution is no longer in existence.

Question: Committee Review
Will the CVO submit complete applications to CaIMHSA for committee review and determination or to each of the partner plans? Who will complete the 03/24/2023 periodic oversight of the CVO's work, CaIMHSA or each partner County Plan?

Answer: For the purposes of this RFP, assume that the CVO will submit the majority of the applications to CaIMHSA for committee review and determination. Note, however, that some County Behavioral Health Plans may choose to complete this function internally.

For the purposes of this RFP, assume that CalMHSA will be responsible for completing the periodic oversight and monitoring of the delegated credentialing and re-credentialing activities to the CVO.

Q25

Question: Section 2, part 1
Section 2, part I - states "The re-credentialing process for providers must include input form the County Plans regarding quality improvement activities, beneficiary grievances, and medical record reviews." Does CalMHSA anticipate that the CVO will conduct any of these items, or simply gather them for submission and consideration by CalMHSA or County Credentialing Committee?

Answer: CaIMHSA anticipates that the CVO will gather, and store/track these items for submission to/consideration by CaIMHSA/County Plans. CaIMHSA does not expect the CVO to conduct the activities (quality improvement activities, beneficiary grievance, medical record reviews) itself.

## Question: Credentialing Committees per County <br> Does each County have its own Credentialing Committee? <br> 03/24/2023 <br> 09:18 AM <br> PDT

Answer: For the purposes of this RFP, assume that the CVO will submit the majority of the applications to CaIMHSA for committee review and determination. Note, however, that some County Behavioral Health Plans may choose to complete this function internally.

Question: Section 2, part K
Section 2, part K - please clarify " provide results or issues". Is CaIMHSA requesting portal access for all applicant providers, the Counties, or 03/24/2023
09:18 AM
PDT something else?

Answer: With this question, CaIMHSA is seeking to understand which entities have access to the CVO's portal (the provider seeking credentialing/re-credentialing, the County Plan, etc.). Regarding "results or issues", CalMHSA is seeking to understand how determinations or pending application items are communicated to the County Plans.

Question: Determination Letters to providers
Does CaIMHSA or the Counties expect the CVO to distribute a determination letter to each provider directly?

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Answer: CalMHSA is expecting the CVO to have the ability to distribute determination letters to providers directly if appropriate.

Q29

Question: Remote vs onsite work
03/24/2023
Is all work remote, or will CalMHSA require some onsite work?
09:19 AM
PDT
Answer: CaIMHSA expects the work described in the Credentialing and ReCredentialing for California County Behavioral Health Plans to be conducted remotely.

Question: Section 3, part C
Section 3, part C - Does CaIMHSA expect clinical personnel to be assigned to this project and if so, what specific credentials?

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Answer: CaIMHSA does not require the CVO to utilize clinical personnel to conduct the credentialing and re-credentialing activities described in the RFP; however, CalMHSA is interested in the professional experience of the CVO's personnel vis a vis clinical licensure.

Question: Section 3, part I
Section 3, part I references interfaces with electronic health record systems. Please define where/how that may be utilized in the primary source verification process.

Answer: While interfacing with an Electronic Health Record (EHR) system is not considered part of the primary source verification process, CaIMHSA is interested in the technical interface abilities (if any) of the applicant organization to make the results of the credentialing process available in an EHR.

Is there an annual budget CalMHSA has earmarked for this project?

Answer: Annual budget will be determined based upon the number and size of participating counties. The hypothetical scenario is meant to elicit budget estimates based upon a defined set of variables.

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| Question: Plan Count | 03/24/2023 |
| :--- | :--- |
| How many total plans are included for this RFP? | $09: 24$ AM |
|  | PDT |

Answer: CalMHSA does not currently know how many County Behavioral Health Plans will opt in for credentialing and re-credentialing services through the CalMHSA's contract with a CVO.

Question: Fiscal Year
03/24/2023
What is the FY for CalMHSA?

Answer: CalMHSA's fiscal year (FY) runs from the first day of July of one calendar year through the last day of June of the next (July 1 to June 30).

Question: Vendor Presentations
03/24/2023
Do you anticipate vendor presentations before the award is made?

Answer: As per the Credentialing and Re-Credentialing for California County Behavioral Health Plans RFP, CalMHSA reserves the right to meet with vendors to gather additional information. Additional information may include, but is not limited to, a demonstration of skills described in the proposal. Please review section 8 of the RFP for additional information.

Question: Decision/Award Timeline
03/24/2023
When do you anticipate making a decision?
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PDT
Answer: CalMHSA will review all applications submitted starting on $4 / 24 / 203$ and expects to make a decision by EOB on 4/28/2023. CalMHSA encourages potential applicants to review section 8 of the RFP for additional information about the review of applications.

How has credentialing been handled in the past? Is there an incumbent CVO?
03/24/2023
How has credentialing been handled in the past? Is there an incumbent CVO?

Answer: CalMHSA is currently not contracting with any CVO for provider credentialing and re-credentialing services. Currently, County Behavioral Health Plans conduct providers' credentialing and re-credentialing in-house or delegate these activities.

Question: Work Timeline
When do you anticipate the project to begin and when do you anticipate the CVO work to begin?

Answer: Although CalMHSA has not established a firm timeline, for the purposes of this RFP, assume that implementation and go-live will commence in Quarters Three and Four of CY2023.

## Question: Contract Length

What is the anticipated contract length for the CVO work? Will their be the opportunity to renew?

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Answer: Initial contract length is anticipated to be between one and three years with an option to renew.

## Question: Deadline Timezone

Are the deadlines for all dates 5pm PST?

Answer: All deadlines are 5:00 PM Pacific Daylight Time (PDT).

Question: Provider Counts
03/24/2023
Understanding the budget proposal will be focused on the provided hypothetical scenario, is CaIMHSA also capable of providing some general 11:59 AM guidance on the total number of providers and total number of discreet entities involved to support the intended operations? (ideally we would like to know the number of county Plans involved and the estimated number of credentialed providers to support each plan).

Answer: CalMHSA does not currently know how many County Behavioral Health Plans will opt to participate in credentialing and re-credentialing services through the CaIMHSA's contract with a CVO. Consequently, CaIMHSA does not know the total number of providers that are expected to be credentialed and re-credentialed by selected CVO.

Question: County Adoption 03/24/2023
Would you be able to explain the expected adoption process for county plans. Will this be a requirement or is this an opt-in process for the individual counties?

03/24/2023
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Answer: County Behavioral Health Plans will have the option to opt-in for credentialing and re-credentialing services through CalMHSA's contract with a CVO. County Plan participation is voluntary.

Question: CVO Provider
I am writing to request clarification on the RFP that was issued on March 13, 2023. In particular, the RFP requirements state that CalMHSA is looking for a CVO organization. While Axuall is NCQA certified as a CVO we do not operate as one but instead automate the data acquisition process to obtain the necessary data elements required for an organization to manage the credentialing process. Axuall offers a real-time, continuously updated, national provider information network that connects healthcare organizations directly to over 6,800 primary source verifiers (PSVs), data partners, and practitioners via the Clinician Wallet. Our network is designed to be fault-tolerant, highly auditable, tamperproof, and standards-compliant, making it the perfect connective nerve system for clinician data. With Axuall's Admin Center, healthcare organizations can invite clinicians, query primary sources, route forms, monitor data acquisition, and monitor changes over time. Subscribing organizations also have access to the primary source verified credentials through the Admin Center. Clinicians can review their shared credentials within their Clinician Wallet for accuracy and monitor credentials for upcoming expirations. Additionally, we have more to offer, which we will explain in more detail in our proposal submission. We do plan on submitting a response to your request but wanted to clarify first if not being a CVO would immediately eliminate us from consideration. Thank you for your time, and we look forward to your response. If you need any additional information from me, please do not hesitate to ask.

Answer: As per the Credentialing and Re-Credentialing for California County Behavioral Health Plans RFP, CalMHSA is seeking to procure for credentialing and re-credentialing services with a CVO that is NCQA certified and/or URAC accredited.

Q41 Question: Provider total | How many total providers are expected to be included in the credentialing or |
| :--- |
| recredentialing process? |
| Answer: CalMHSA does not currently know how many County Behavioral |
| Health Plans will opt in for credentialing and re-credentialing services |
| through the CalMHSA's contract with a CVO. Consequently, CalMHSA does |
| not know the total number of providers that are expected to be |
| credentialed and re-credentialed by selected CVO. |

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Question: Network Size
What is the total number of providers/network size of CCBHP? What is the estimated or average growth percentage of the network year after year?

Answer: In California, there is a total of 58 County Behavioral Health Plans, which encompass Mental Health Plans (~56), Drug Medi-Cal Organized Delivery System Plans (~30), and Drug Medi-Cal State Plans (~13). At this time, CaIMHSA does not have the total number of network providers for all the different California County Behavioral Health Plans, neither can it provide an estimate on average growth year after year. Please note that County Plans will have the option to credential and re-credential their network providers through CalMHSA's contract with a CVO, but participation is not mandatory.

Question: SOW - Section I
Can you please further explain and expand on Section I - specifically what you mean by beneficiary grievances and medical records reviews and how these activities relate to CVO/Provider Credentialing/PSV services? Or what your policies are with these items?

Answer: CaIMHSA anticipates that the CVO will gather, and store/track these items for submissions to/consideration by CaIMHSA/County Plan. CaIMHSA does not expect the CVO to conduct the activities (quality improvement activities, beneficiary grievance, medical record reviews) itself.

| Question: CCCBHP Timelines | $03 / 24 / 2023$ |
| :--- | :--- |
| What is your anticipated timeline to make a decision once applications are | P2:53 PM |
| reviewed? What is the anticipated go-live date for CVO services? |  |
| Answer: CaIMHSA will review all applications submitted starting on |  |
| 4/24/203 and expects to make a decision by EOB on 4/28/2023. CaIMHSA |  |
| encourages potential applicants to review section 8 of the RFP for |  |
| additional information about the review of applications. |  |
| Although CaIMHSA has not established a firm timeline, for the purposes of |  |
| this RFP, assume that implementation and go-live will commence in |  |
| Quarters Three and Four of CY2023. |  |

